

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530390

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		4		4		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
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25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31	1		1			
32		1		1		
33		2		2		
34		1		1		
35		1		1		
36		1		1		
37		1		1		
38						
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48						
49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	39	←	35	←		←
TOTAL CLAIMS	41		37			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						